



**CUSTOMER
ONBOARDING FORM**

(Please fill-out as completely)

Company Name:	
Company Address:	
Company City, State, Zip Code:	
Terms of Payment:	Net 14
Method of Payment:	ACH (Direct Deposit)
Invoice Method: (reg. mail, email, EDI, portal)	
Accounting Contact: (Name, Phone, Email)	
Load Tender Method: (portal, EDI, email, standing orders)	
Load Tender Contact: (Name, Phone, Email)	
Operations Contact: (Name, Phone, Email)	

SHIPPER NAME: (If different from Customer)	
Shipper Address:	
Shipper City, State, Zip Code:	
Site Manager: (Name, Phone, Email)	
Products Shipped:	
Equipment Type Needed:	
Other Special Requirements:	
Shipping Days:	
Shipping Hours:	
Appointment Needed/FCFS:	
Contact Information for Appointment: (Name, Phone, Email)	

RECEIVER'S NAME:	
Shipper Address:	
Shipper City, State, Zip Code:	
Site Manager: (Name, Phone, Email)	
Products Shipped:	
Equipment Type Needed:	
Truck Type Needed: (Trailer, Box)	
Other Special Requirements:	
Shipping Days:	
Shipping Hours:	
Appointment Needed/FCFS:	
Contact Information for Appointment: (Name, Phone, Email)	